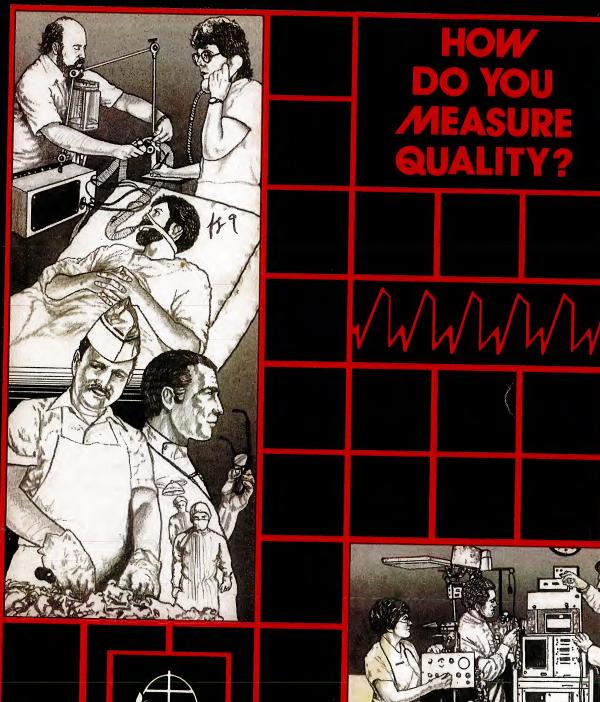
SANTA ROSA MEMORIAL HOSPITAL SPRING 1983 COMPONITOR SPRING 1983



About the Cover

Quality patient care is measurable in a number of ways. Some of the programs which ensure the highest quality are examined in this issue of the **Lamplighter**. More will appear in subsequent issues.

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THE LAMPLIGHTER is published quarterly by the Public Relations Department for those associated with Santa Rosa Memorial.

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Chaplain's Corner

Every year in the springtime, if we look around us, we will notice little buds developing on all the branches of trees and shrubs. Coming up from the earth are tiny green shoots of plant life. These are new growths, new beginnings in nature, and, as they absorb light, and moisture, and warmth, they increase in size and suddenly burst forth into leaves and flowers, beautiful beyond description.

This wonderful transformation that occurs annually in nature is a reminder to all of us that we too can and should produce new growths, new beginnings in our lives. Those who tend fruit trees, vines, and flowers know that they must prune their trees and, for example, their rose bushes, so that a new and luxuriant growth will be forthcoming.

Human beings need to grow and to be pruned in order to produce greater good in their lives. As we age, we lose the innocence of childhood and too often we know evil and its consequences. Being human we make mistakes, but, if we are honest, we can grow from our mistakes. If we become impatient and act rudely to someone, we ought to regret this unkindness. We can examine the cause of our impatience and make a resolution to strive for greater patience and to be kind and polite to everyone. As we strive for this higher degree of perfection, we are pruning our character. Each time we show kindness and patience with those whom we encounter, a new and richer growth is taking place within us, and the fruit of this growth, this new beginning, will be very rewarding.

If we are inconsiderate of the feelings of others, if we are dictatorial to those subject to us, then we must make every effort to prune these undesirable qualities so their opposite virtues can grow and blossom. St. Paul in his letter to the Colossians (3:5-10) says: "Put to death therefore what is earthly in you; immorality, impurity, passion,



Father Anthony Gamble

evil desire, and covetousness. which is idolatry....But now put them all away: anger, wrath, malice, slander, and foul talk from your mouth. Do not lie to one another, seeing that you have put off the old nature with its practices and have put on the new nature. which is being renewed in knowledge after the image of its creator." Paul then tells us what virtues we are to strive for (3:12-15): "Put on then, as God's chosen ones, holy and beloved, compassion, kindness, lowliness, meekness, and patience, forbearing one another and, if one has a complaint against another. forgiving each other; as the Lord has forgiven you, so you must also forgive. And above all these put on love, which binds everything together in perfect harmony....Let the peace of Christ rule in your hearts.... And be thankful."

During the penitential season of Lent, especially, we should look into our innermost lives to see what in our character needs pruning. We should look for the buds and shoots of new spiritual/character growths within ourselves. Every day of our lives can bring new beginnings. We can acknowledge our mistakes of yesterday. Today is a new day, a new beginning. We can regret our past faults and failings, but today we can make a new start.

A little time out each day to reflect on our lives, our activities, our relationships with others, and especially our relationship with God will pay handsome dividends. Even a short daily practice of this provides sufficient light and moisture and warmth from God to enable us to grow "in wisdom and age and grace before God and men" (Luke 2:52).

Quality Assurance:

A Product Worth the Price

Donald Wolf and Mark De Meo, M.D., were talking about the occasions when a surgeon removes a normal appendix in the operating room at any given hospital, not excluding Santa Rosa Memorial.

"A certain number will be removed that are normal, no matter what," Dr. De Meo said. "Twenty per cent is not unusual...at Memorial it could be as many as 13 out of every 100 appendectomies."

Wolf, an executive at Hewlett-Packard's Santa Rosa facility, is vice-chairman of Memorial's Board of Trustees, Dr. De Meo is laboratory director and medical director of the quality assurance program. So, how can they discuss, quite calmly, what might well be a controversial subject?

To begin with, they pointed out, the removal of a normal appendix is often unavoidable medical practice in view of potential risk of possibly missing an appendix which might rupture.

And to talk about it, they hope, will be a way to direct the attention of the public to the continuing studies of the practice of medicine which is both an art and a science.

"Everybody is acutely aware of how much it costs. Now, with less support from the government, medicine has reached the market place. The public will be doing their own choosing, and our quality assurance program wants to help them do it intelligently," Dr. De Meo said.

"The patient is going to be sophisticated enough to understand more of what's going on, and it is going to be incumbent upon every physician to educate his or her patients.

"People should know why a healthy appendix sometimes is removed; they should know the statistical risks in open-heart surgery, they should know how



Memorial's Education and Research Committee headed by Mark J. DeMeo, M.D., standing above, is responsible for the hospital's quality assurance program. The Committee draws from many hospital disciplines as evidenced by this subcommittee meeting of, left to right, Thomas J. Honrath, M.D., Robert B. Mims, M.D., Sally Peelen, Quality Assurance coordinator, Dr. DeMeo, and Anne Ohki, RN, Assistant Director of Nursing Services.

much a hysterectomy costs in this hospital or that."

He predicts that the day will come — indeed, it may not be far off — when a prospective patient will call a hospital and say "I'm going to have a gall bladder operation, and I would like to know your statistics on gall bladders. How long will I stay in the hospital? How many of your patients have to come back with some kind of complication? How much will it cost? Will I need a transfusion?"

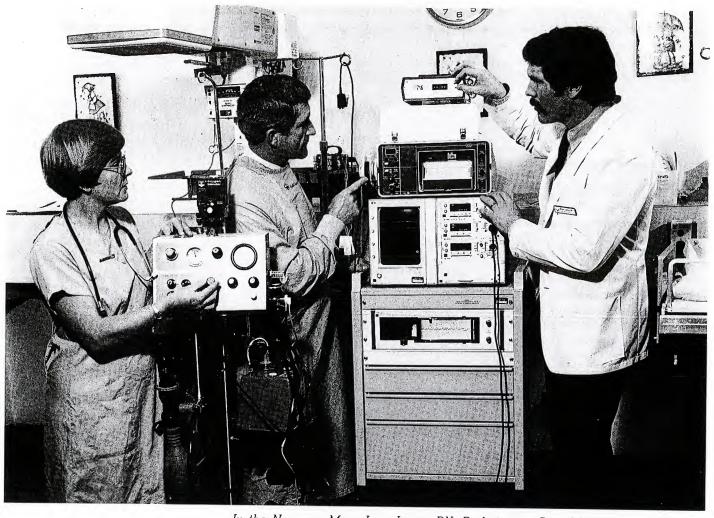
Wolf added: "It's like buying a service for your car or your home..."

And both emphasized that Memorial recognizes the public's fast-growing medical sophistication and is broadening its quality assurance program so that it can answer questions like these candidly, openly and with confidence.

New as the notion may be, Dr. De Meo envisions the possibility of a special office at the hospital at some time in the future, charged with the responsibility of making such data available to the public. He recognizes that this is a far cry from the not-so-old days when patients were told very little.

He and Wolf will be the first to tell you that those days are gone. In these times of public enlightenment, and with the individual bearing more and more of the burden of medical expense, the patients want more and more information.

The quality assurance program at Memorial sees to it that the highest medical and surgical standards are maintained, through the tissue committee, the transfusion



In the Nursery, Mary Jane Jones, RN, Pediatrician Donald L. Meyer, M.D. and Respiratory Therapist Mike Lindsay, R.R.T., regularly check the transcutaneous monitor which indicates the oxygen level maintained in a baby's blood. Careful control of oxygen administration is imperative since excessive levels can directly affect the pathology of the eye.

committee, utilization review, the credentialing of doctors, morbidity and mortality reviews, physician and nurse education, and many other ways.

In addition to that, it is developing the role of datagatherer: After a baby is found to be in distress, how much time does it take to get the expectant mother into the operating room and start the emergency C-section? How many normal appendices were taken out this month? What adverse reactions have been there, if any, to

transfusions? What is the extent of disease in the excised organ? Are we maintaining our excellent low rate of post-op infections? Do our patients continue to go home promptly and in good shape? Are our cost-cutting measures continuing to work effectively?

This is in line with the public's growing responsibility to keep itself informed, not only collectively but individually.

"In the last analysis we have much individual responsibility for managing our own health," Wolf said. "There are things we can't do by ourselves, obviously; there are times when we need help, but at the same time we have a very major role. We have to be aware of these things; we can't be responsible if we're not informed."

He said quality control in a hospital is not all that much different than it is in industry; his own, for example. At Hewlett-Packard's Santa Rosa plant, where he is the product assurance manager, there is first the "feature set" — that is, are you buying the

electronic equivalent of a Rolls-Royce or a Jeep? And then there is the responsibility to give each buyer the quality he is paying for. The product must be worth the price.

Wolf sees the parallel at Memorial: the "feature set" is the high quality of care, and the hospital's responsibility is to give the patient what he has been promised.

Dr. De Meo continued:

"Since the government has been backing away from paying the bills, the people are going to be paying more for themselves, and they want to be assured of quality. We want to let the public know that we are attempting to assure them an excellence in medicine, a standard that is above the average.

"We have a quality assurance program here that I think is ahead of most hospitals. We have emphasized a team approach, involving the Board of Trustees, physicians, nurses and administration. Without complete cooperation, a good quality assurance program cannot exist.

While we comply with government regulations and accreditation standards, we have gone far beyond what is required of us and are doing something creative, with a group approach."

He described how the tissue committee reviews all surgical cases, analyzes each diagnosis and the results, and makes judgments as to their appropriateness. The transfusion committee reviews all of the transfusions, and if there are any questions, "we address the problem through education and direct physician contact."

Credentialing is of great importance. A new member of the medical staff works with a proctor until he is "signed off" to practice on his own. That is, a new surgeon will operate with an active staff member as his assistant before he is considered to be qualified to perform a surgical procedure. And



Quality assurance is the responsibility of this Memorial Hospital committee, which includes physicians in many specialties, administrators, nurses, and representatives of Medical Records and Education and Training.

beyond that, Dr. De Meo said, there is a continuing evaluation of a physician's work as the years pass—has he kept up? Is he as good now as he was 20 years ago?

"Sometimes the press implies that we're not looking into these things; or that we're not policing ourselves with a good peer review.

"That's not the way it is."

And so, considering all this, what about the removal of the normal appendix?

Dr. De Meo described the case of a 46-year-old woman with nausea, loss of appetite, a nonspecific white blood cell count, normal urinalysis and rebound tenderness in the right lower quadrant — symptoms of a possible appendicitis.

Not all findings are classic in every patient. "In this particular case, because of the possibility of rupture, it would have been riskier to wait than to do the surgery."

The operation was done — and the appendix was normal. The

problem was lymphadenitis, an inflammation of the abdominal lymph nodes. Although lymphadenitis does not require surgery, the symptoms were too identical to take the risk of waiting and the appendix perhaps rupturing.

Wolf described a very personal case in point. His wife, Joan, was stricken with abdominal pain on Saturday. Her symptoms were similar to those of the first case: nausea, loss of appetite, a nonspecific white blood cell count, normal urinalysis and rebound tenderness in the right lower quadrant. Again, it was decided to operate, and her appendix was, indeed, inflamed. It was taken out and she recovered nicely.

"But if we were obsessed with the idea of taking out no normal appendix," Wolf said, "the decision could have been made not to operate and then it could have ruptured."

Infection Control:

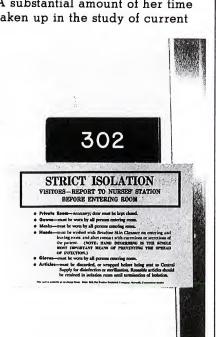
Nothing Escapes Its Scrutiny

Vickie Vogler's responsibility is everywhere in the hospital; it involves air vents and kitchen cutting boards, operating rooms, the newborn nursery, the laundry, water pitchers, the cancer unit, catheters, brooms, filters, needles, table knives.

Add sheets, dishwashing machines, "yellow bags," and gloves, trash, floors, the throat of this or that employee, surgical dressings, chickens, IV fluids...

Mrs. Vogler is a professional with the title of RN/Nurse Epidemiologist. Her job is to protect the patients, primarily, and everyone else in and around the hospital, from harmful organisms. She conducts educational programs for patients and staff, her beeper is busy all day, and, incidentally, she has saved Santa Rosa Memorial Hospital some \$100,000 a year through cost containment programs.

A substantial amount of her time is taken up in the study of current





Infectious organisms are worked upon in a biological safety cabinet which filters out the tiniest particles. This infection control comes under the close scrutiny of Vickie Vogler, RN, and Microbiology Supervisor David Kemmer.



Strict isolation procedures require special bagging of all patient linens and materials by a gowned and masked nurse, who deposits the contaminated items in a second bag held by a nurse outside the patient room. Phyllis Cranse, LVN, left, and Sharon Workman, RN, demonstrate the procedure.

reports from such sources as the Federal Centers for Disease Control in Atlanta, the state and U.S. departments of public health, and a dozen or so medical journals.

The importance of her position is reflected in the fact that she reports to the chief executive officer of the hospital. "In some way I touch on every department in the hospital," she said.

"The fact that all of us carry germs with us, inside and out, is a basic in any hospital infection-control program.

"We have staph on the skin, strep in the mouth, E. Coli in the bowel," Mrs. Vogler said. "About 10 per cent of the patients entering the hospital have infections — the ruptured appendix, pneumonia, infected wounds. We have to have isolation procedures not only for these but for the patients who may be at extra risk, for example cancer patients on chemotherapy, whose resistance is down."

Isolation is one of her chief concerns. In this 219-bed hospital, some 13 to 15 beds are available for the purpose. Hardly any two cases are alike, and the procedure for caring for the patients can be quite different, depending on the nature of the illness.

There are five major isolation categories:

• "Protective," for cancer patients on chemotherapy, for example.

"They are much more susceptible to infection," Mrs. Vogler said. "They have low white blood cell counts, elevated temperatures, and perhaps infections of their own when they come in."

These patients have private rooms and strictly-controlled diets ("No fresh fruits and vegetables; everything is cooked to kill any bacteria"); their nurses wear gloves; visitors are limited.

 "Wound and skin," for patients with wound or skin infections, perhaps in a leg badly damaged in a traffic accident. Their nurses are gloved and gowned; all of their



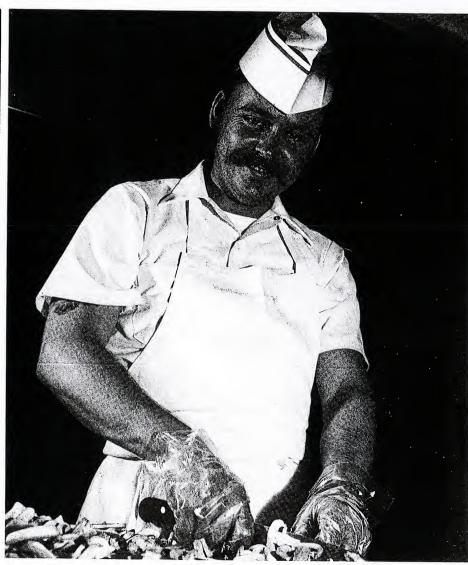
Memorial's Infection Control Program is headed by Michael Witwer, M.D., medical director, and Vickie Vogler, RN, nurse epidemiologist.

dressings are placed in bags and incinerated right away, and their linens are collected in special yellow-tagged bags.

• "Respiratory." A patient with tuberculosis or pneumonia, for example, is in a room with the door shut; nurses and visitors wear masks.

• "Strict." This is even more rigid. The patient, perhaps with bacterial pneumonia, is in a private room; all of his food is served in disposable dishes that are promptly burned; gowns, gloves and masks are worn by anyone in the room; the linen is bagged, and all waste, dressings and the like go at once to the incinerator.

• "Enteric" isolation is for those with gastrointestinal infections, such as salmonella poisoning or hepatitis. This patient's linen is specially bagged; he has a private bath, and the nurse shows him proper hand-washing and personal hygiene to prevent re-infection.



Food preparation in Dietary is a critical area for infection control, and James Michael Brinkley takes every precaution to insure the ultimate in cleanliness.

Mrs. Vogler has regular conferences with hospital department heads to help keep all personnel on the alert, "to see that things are clean, that there's no dust in the air vents, that cutting boards used for chicken or beef are not used for vegetables that aren't going to be cooked..."

The newborn nursery is an area of particular concern; for example only a disinfectant soap, proven to be safe for babies' skin, is used for baths.

Mrs. Vogler is consulted on "the kinds of things we buy for the patients — water pitchers, Foley catheters, IV needles or fluid, needle disposal systems..."

Via telephone and beeper, she is informed about problems, potential problems and questions that come up: "A doctor may write 'isolate' on the chart; it's my job to see that the right kind of isolation for that particular patient is maintained."

She keeps tabs on lab reports, helps the nurses stay current on the latest IV procedures, and directs refresher courses for nurses and other employees on proper infection control techniques.

There are strict rules for the staff: don't report to the job if you're sick; have Employee Health or a personal physician check out any sore throat; wash your hands thoroughly when you come to work and many times during the day...

Mrs. Vogler works closely with Dr. Michael Witwer, chairman of the Medical Staff's Infection Control Committee, and with a number of other committees concerned with infection. Their primary aim, it goes without saying, is to protect patients and employees — but there has been an extra dividend in Mrs. Vogler's work: careful attention to costs and, as a result, substantial economies.

As an example, she cited the urinary catheter kits that were used at Memorial before she came.

"You had to clean the catheters twice a day with Betadyne (an antiseptic)," she explained, "but studies were done on its effectiveness, and it was found that it might even cause irritation. We found that gentle soap-and-water washing was safer and more effective..."

She presented these findings to the infection control, product evaluation and urology committees — and, as a result, the kits were no longer used. Patients have the same protection, and the hospital saves some \$36,000.

Another study showed that filters that were being used in IV lines weren't effective; if they were fine enough to screen out the bacteria, they impeded the flow of IV fluids. Their use was discontinued, for a saving of \$33,000.

Mrs. Vogler's is a very busy job. However, she finds it rewarding, especially when she can report:

"We have a good low infection rate at Memorial. I'm glad to say that it's lower than the national average..."

Lifeline:

A Personal Emergency Response System

Lifeline, a personal emergency response system, came to Santa Rosa in January when Memorial Hospital installed its first units for the frail elderly, the handicapped, the disabled and the convalescing who live independently and alone.

With Lifeline, emergency or medical help is available at the touch of a button - and at any hour of the day or night.

Each Lifeline subscriber receives a portable help button and a home Lifeline unit that is connected to the telephone. In the event of a fall, an accident, or any emergency, the subscriber presses a button that sends a signal via the home telephone to an emergency response center at Memorial.

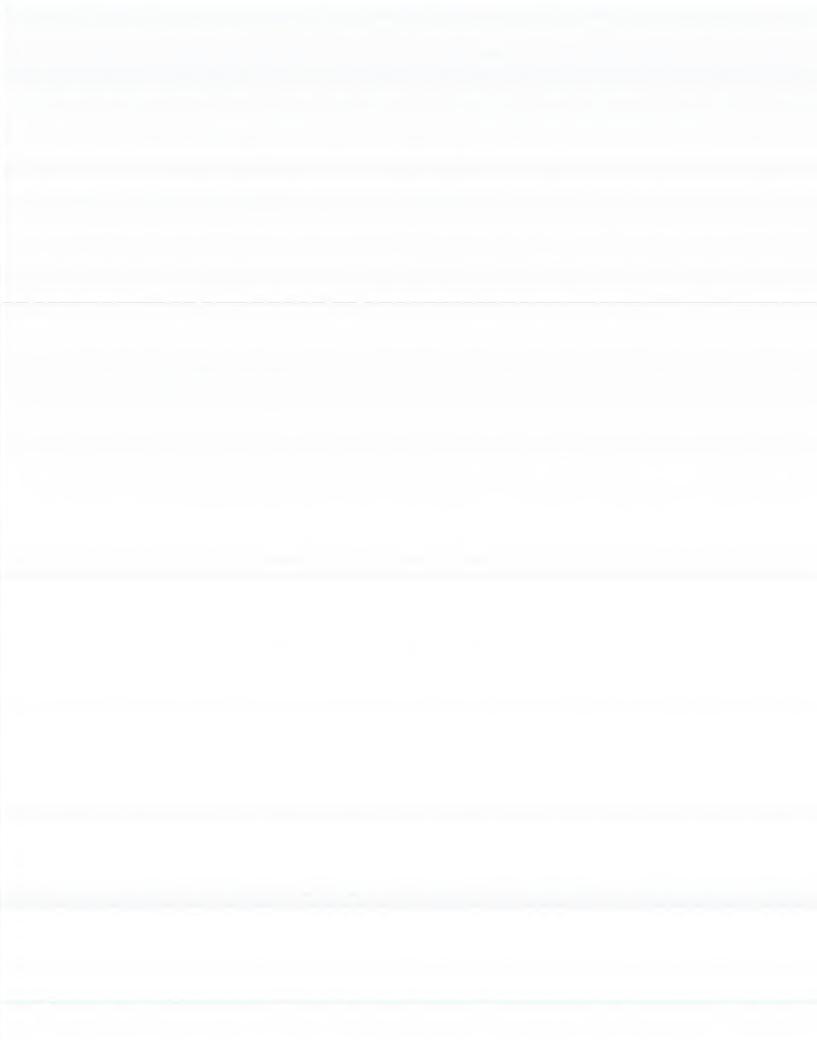
The response center, located in the Emergency Department at Memorial, has on file a master card for each Lifeline subscriber containing relevant health information and the names, addresses and phone numbers of "responders," neighbors, friends or relatives who can be called to check on the emergency in the subscriber's home.

When the response center receives a signal from one of its subscribers, personnel checks the subscriber's file card and calls the home. If there is no answer, a responder is called and sent to the





Rosa and Eugene E. DeMartini of Petaluma were the first subscribers to Memorial's new Lifeline program. The Lifeline unit, at the press of a button, will send a signal via the telephone to the hospital if either one should have an accident or a medical emergency.



subscriber's home. Upon arriving at the home, the responder signals the hospital by resetting the Lifeline unit. The hospital then calls the subscriber's home to see what help is needed or determine the next course of action. If no responder is reachable, a call is made to medical, police or fire services for assistance.

Lifeline works even if the phone is off the hook or there is a power failure. An automatic timer is a safety feature which assures subscribers that help will be called even if they are unable to push the button. The timer resets itself each time the phone is used. After a defined time, if no telephone calls are made and the subscriber fails to reset the timer manually, the home equipment automatically starts the response procedure. This saves a person from lying unconscious or paralyzed for hours before the condition is discovered. There is also a backup battery in case of a power outage.

Lifeline can be used on a shortterm basis to aid patients who are physically ready to be discharged from the hospital but reluctant to be alone because of possible recurring illness.

More than 500 hospitals across the nation have installed Lifeline systems as an alternative to nursing or convalescent homes for the elderly, handicapped or disabled.



An Invitation To Become A LIFELINE Sponsor

Many firms, service clubs, individuals and families have expressed a wish to join with Memorial Hospital in providing the Lifeline system for those in the community who may need this

(cut out coupon)

service but who do not have funds for its use.

Memorial's Lifeline appreciates the support of sponsors and invites the use of the form below in making a gift to this unique program.

At Memorial, Frank Dunn of the Nursing Administration Office, is coordinator of the Lifeline program.

The system was developed by Boston University Professor of Psychology and Gerontology, Andrew Dibner. Through his work, he found that although many senior citizens wanted to remain in their homes, they were living in nursing facilities because of the security and peace of mind derived from being with others. In a two-year study, he documented that Lifeline not only provided security and emotional boost for individuals but was cost effective.

The Lifeline unit is relatively inexpensive. Memorial Hospital purchases the units, and the subscriber pays \$10 a month for the lease of the system and the security of knowing that help is always nearby. Some individuals are sponsoring Lifeline units. Community, church and civic groups, or others who wish to provide this service as a gift to those who may not be able to pay, are invited to underwrite the costs for a subscriber. Or organizations may elect to simply make a gift to the program.

Auxiliary members at Memorial are assisting subscribers with the installation and the use of the home system.

Those interested in Lifeline for themselves or a loved one are invited to call Memorial Hospital, 546-3210, extension 174.





After a signal from a Lifeline subscriber, Donna Lancina of Memorial's Emergency Department, calls the subscriber's home, then a friend, neighbor or relative who can go to the home to check the emergency.



The Lifeline unit, activated by the press of a button carried by the subscriber, sends a message electronically to Memorial's Emergency

Department.



With 1983 a banner year in the history of Memorial Hospital, "Let's Celebrate" is a natural and fitting theme for the 1983 edition of the Hi-Fever Follies and dedication activities marking completion of the hospital's new building.

The Hi-Fever Follies, a celebrity-filled, excitement-packed variety show sponsored by the hospital Auxiliary, will be onstage for two nights, April 29 and 30, at 8:15 p.m. at the Luther Burbank Center for the Arts, a new location for the biennial production.

Tickets for the theatrical event, at \$7 and \$9 for general admission, will go on sale April 15 at several locations. All seats are reserved. The Burbank Center Box Office will open that day and continue ticket sales from 10 a.m. to 4 p.m., Monday through Saturday, April 18 through 23 and April 25 through 30. Stanroy Music Center, Fireside Stationery in Montgomery Village, Sacramento Savings and Loan in Oakmont and the hospital gift shop

will have tickets available during their normal business hours. In addition, mail orders will be accepted. (A mail order form appears on the next page.)

Every two years, the entire community rallies behind the show. The cast is drawn completely from local talent, giving anyone who wishes a chance to perform and the public an opportunity to see local officials and personalities in a different role.

Howard Miller, director from Cargill Producing Organization of New York, will arrive about $2\frac{1}{2}$ weeks before show time with costumes and music to begin a whirlwind of rehearsals. His job is to mold a group of amateur performers into a showstopping cast of singers and dancers.

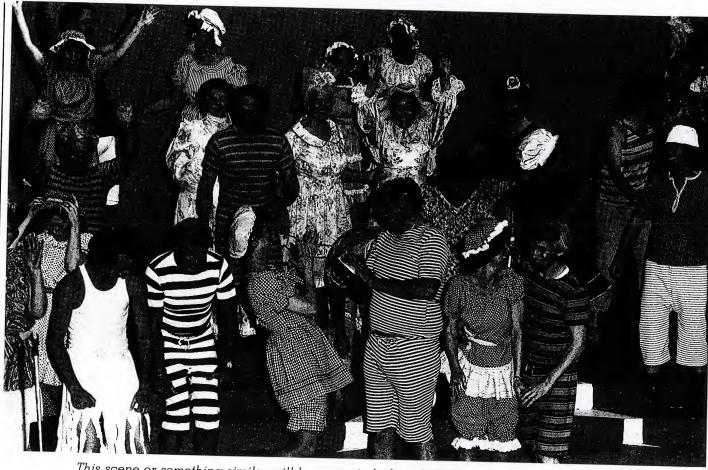
Miller has been stage manager for such television shows as One Day At A Time, Different Strokes and Good Times. He has had extensive experience in the theater, including directorship of the Santa Barbara Summer Theater, where Charlton Heston, Rhonda Fleming, Hugh O'Brian and Ethel Waters have appeared.

Miller is scheduled to arrive April 12 for a "Meet the Director Night" to be held at 7:30 that evening at the Burbank Center. Prospective performers are invited to attend.

Follies co-chairpersons, Beth Barberis and Mary Frost (Bobbie McConkie, previously announced in the Lamplighter as chairperson, had to resign the position due to illness) and their volunteer staff, are putting in hundreds of hours to insure the production will live up to the tradition of fun, humor and spirited hi-jinx set by the preceding ten Follies.

Proceeds from the 1983 Follies will benefit the hospital's building fund.

Two Auxiliary members will answer calls for general information about the Follies, beginning the middle of this month (March). Phone Jody Cressy at 539-1985 or Gail Figoni at 544-6421.



This scene or something similar will be recreated when the 1983 edition of the Hi-Fever Follies goes into rehearsal next month. The two-day variety extravanganza April 29 and 30 at the Luther Burbank Center for the Arts will celebrate Memorial's year of dedication of the new hospital facility.

Patron tickets (a patron is a special supporter of the Follies by reason of his or her contribution over and above the basic ticket price) at \$15, will be available beginning March 5. For information concerning patron tickets, phone Melba Calhoun at 542-2267.

1983 HI FEVER FOLLIES						
NO. OF TICKETS		Friday, 4/29/83	Saturday, 4/30/83	TOTAL		
Patrons	\$15.00					
General Adm.	7.00					
General Adm.	9.00					
			TOTAL ENCLOSED			
NAME						
ADDRESS						
CITY			ZIP			
Make checks payable Santa Rosa Memorial P.O. Box 522, Santa	to: Hospital Auxilia			_		
(1	Please enclose a	self-addressed stan	nped envelope)			

ICKETS		Friday, 4/29/83	Saturday, 4/30/83	TOTAL
	\$15.00			
dm.	7.00			
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IE (Home)		(Work) _		_
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KZST FM 100 and Memorial:

Campaign for CPR

Some 1000 Sonoma County residents observed heart month by learning CPR.

Throughout the county, all during the month of February, citizens spent half a day practicing the skills that could save a life.

They came at the invitation of KZST FM 100 and Santa Rosa Memorial Hospital to learn CPR, cardiopulmonary resuscitation, at ten different Sonoma County locations.

KZST FM 100 generously donated air time to let the people know that this was their great opportunity to learn this life saving technique.

Classes were offered in Santa Rosa, Rohnert Park, Sebastopol, Cloverdale, Healdsburg, Sea Ranch, Bodega Bay, Petaluma, Guerneville and Sonoma and, while the final total was not known at the time the Lamplighter went to press, it was clear that at least 1000 people would respond by the end of the campaign on March 5.

All classes were coordinated by Carole Rackerby, CPR coordinator at Memorial Hospital, and all instructors were volunteers certified by the American Heart Association and the American Red Cross.



David Wesley Page, left, news director, and Gordon Zlot, president of KZST FM 100, joined with Memorial Hospital to co-sponsor CPR for Citizens Month, which urged CPR training at 10 Sonoma County sites all during the month of February.







Both the City Council of Santa Rosa and the County Board of Supervisors proclaimed February CPR for Citizens Month. Assistant Administrator Ted Schreck of Memorial accepted the City's proclamation from Vice Mayor Jack Healy while, at right, Ernie Carpenter, chairman of the Board of Supervisors, presented the County's resolution to Memorial's President Arthur V. Crandall.

Rohnert Park:

Classes in the Community

When Memorial began a community education program at the Rohnert Park Community Center last fall, residents, through level of attendance at the various classes, indicated they had some clear favorites. Now, Memorial has launched another round of classes in Rohnert Park, representing the most popular selections from among the classes introduced there last fall.

Interest in stress reduction remains high, as a six-session series on stress in January and February drew an impressive attendance. Two other series—a four-session health course for 5 to 7-year-olds and a six-session course on sports injuries—also are expected to receive large enrollments. My Body and Me, scheduled for March 22, 24, 29 and 31, from 10 to 11:30 a.m., uses activities and simple explanations to make concepts such as nutrition, accident prevention and body structure understandable for children. Sports injuries, covering cardiovascular conditioning, sports nutrition, strength and flexion training, weight control and exercising in high temperatures, will begin April 19 and run six consecutive Monday evenings, from 7 to 8:30 p.m.

April 14 and 21 are the dates reserved for the first section of Early Bird, a class for prospective parents and parents in the first trimester of pregnancy. Early Bird seeks to increase participants' knowledge of exercise, nutrition and coping with common discomforts to promote a healthy pregnancy. A second session of Early Bird will be held June 16 and 23, from 7 to 9 p.m.

Prepared Childbirth, a wellattended and familiar class at the hospital, has become a favorite in Rohnert Park. The six-week series teaches mother, father and/or labor



Progressive relaxation was one of several stress reduction techniques learned by students enrolled in Memorial's stress class at Rohnert Park Community Center. The class, held for six sessions in January and February, drew a large attendance.

coach breathing techniques and relaxation, the physiology of labor and delivery, medications, maternal and infant nutrition and newborn care. The first section began in February; another section will begin April 11 and continue consecutive Monday evenings, from 8 to 10 p.m.

Natural Family Planning classes, featuring the Billings Ovulation Method taught by a certified instructor, remain a regular item on the Rohnert Park class agenda. The class is presented monthly and sessions are scheduled for March 29, April 26, May 24 and June 21, from 7 to 9 p.m.

New Members of the Medical Staff



Ronald H. Cooper, M.D., an internist with a subspecialty of infectious diseases, has a practice in Petaluma. The Florida native earned his undergraduate degree at Stanford University and medical degree from the University of California, San Diego. The University of California, Los Angeles was the site of his internship and one of his residencies. He completed additional residencies at Naval Regional Medical Center, San Diego, and the University of California, San Francisco.



Thomas M. Cunningham, M.D., an internist, is a native Californian and practices in Sebastopol. He is a graduate of Stanford University and Creighton University School of Medicine in Omaha, Neb. His internship and residency were fulfilled at St. Mary's Hospital and Medical Center in San Francisco.



Thomas H. Moore, D.O., practices in Rohnert Park. A native of Laconia, N.H., Dr. Moore completed his undergraduate studies at Middlebury College in Vermont and attended Chicago College of Osteopathic Medicine. The Naval Regional Medical Center in Charleston, S.C., was the site of his internship and residency.



Rees B. Rees, M.D., is a dermatologist who has a practice in Santa Rosa. Dr. Rees is a graduate of the University of California, Berkeley. He earned his medical degree at the University of California, San Francisco. He served his internship at San Francisco City and County Hospital and his residency at the University of California, San Francisco.

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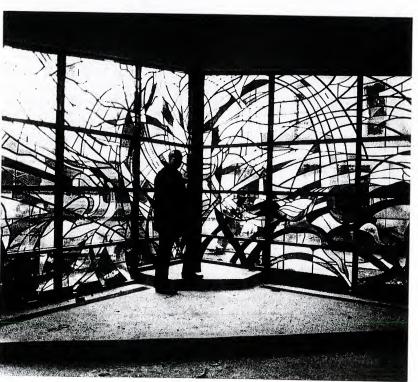
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A large stained glass window with a symbolic design is a focal point of the chapel in the hospital's new building. The Chapel will be a place for quiet reflection and the site of daily masses offered by Father Anthony Gamble (pictured) and Father Roy Grotenrath, when all is completed and occupied later this year.

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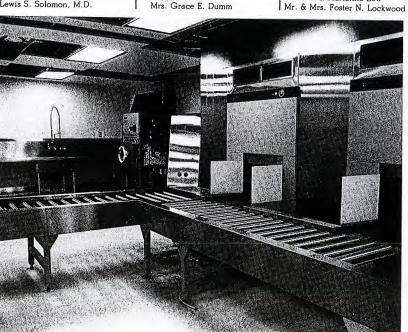
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Stores and Inventory Control, which moved to Memorial's new facility in December, has more than doubled the space it had in its previous location for supplies ranging from Band-Aids to catheters.



Scheduled to move into Memorial's new building next month (April) is Central Sterile Processing. Pictured is the new decontamination room with conveyors leading to machines that wash and sterilize surgical trays and instruments.

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